



## ARIZONA DEPARTMENT OF REAL ESTATE

### COMPLAINT FORM

INV-800

#### FOR DEPARTMENT USE ONLY

Log No. \_\_\_\_\_

PAR No. \_\_\_\_\_

Case No. \_\_\_\_\_

#### INTRODUCTION

The Arizona Department of Real Estate, under the direction of the Real Estate Commissioner, is responsible for the enforcement of Title 32 Chapter 20 of Arizona Revised Statutes (A.R.S.) Arizona's Real Estate Licensing Law. Part of that responsibility is to investigate complaints from individuals who feel a licensee of the Department violated this law and/or The Real Estate Commissioner's Rules in the Arizona Administrative Code (A.A.C.).

ARS § 32-2108 requires that complaints filed with the Department be in writing and signed by the complainant. The complaint must allege conduct by a real estate licensee that violates Department laws and rules. By completing this form, signing it, and submitting it to the Investigations Division of the Department of Real Estate, you will trigger the investigative process.

Filing this Complaint Form does not stop you from pursuing mediation or civil action against a real estate professional who may have damaged you financially. You may also file a complaint with the Arizona Association of Realtors®. Approximately half of all real estate brokers and agents in Arizona are members of an Association of Realtors®. These members subscribe to a "Code of Ethics" which is a higher standard of professional conduct than that imposed by law. These associations conduct hearings on ethics complaints against their members.

The Department's Investigators are available to discuss your complaint and are a good resource to help you identify other possible avenues of recourse.

#### DETAILS ABOUT YOUR COMPLAINT

Attach separate 8-1/2 by 11-inch sheets of paper as necessary. Please include the following information.

**IF YOU DO NOT PROVIDE SUFFICIENT INFORMATION WE WILL NOT BE ABLE TO INVESTIGATE YOUR COMPLAINT.**

1. State *what* happened. Be specific. List events in chronological order. Was a document signed? Was a promise or representation made? If so, what was written or verbal? Use the actual words as closely as you can remember.

2. Provide a complete copy of all supporting document(s) as attachments. This includes contracts, cancelled checks, receipts, title documents, letters, e-mails, etc.

3. State *how* the acts or conversations took place: By telephone? mail? fax? e-mail? in person?

4. State *where* the acts or conversations took place:

At your home? A real estate office? In a title company office? While you were viewing the property?

5. State *when* the acts or conversations occurred. If you cannot remember the exact time and date, try to remember whether it was near some special event or day. Be specific.

6. State *who* was present when the event occurred. Include their full name, address and telephone number, if known. If it was a telephone conversation, name all the people who took part in the conversation. Any person who saw the act or took part in the conversation could be an important witness.

#### NEXT STEPS

If you develop additional information you may call the Investigations Division at 602.468.1414, extension 500, for further assistance.

All complaints are reviewed by the Director of Investigations and assigned to a specific investigator. Cases are prioritized by each investigator according to the severity of the issue, Department time-frame policies and available resources.

**Failure to provide any or all documents that support your position could delay the processing of your complaint.**

A.R.S. § 41-1011 states: "...The name of the complainant shall be public record unless...the release...may result in substantial harm to any person." All complaints become a matter of public record when the review or investigation is concluded.

#### Type of Complaint

\_\_\_ Failure to Disclose Information

\_\_\_ Illegal Subdivision

\_\_\_ Illegal Advertising

\_\_\_ Property Management

\_\_\_ Public Report Violation

\_\_\_ Timeshare Violation

\_\_\_ Cemetery Violation

\_\_\_ Unlicensed Activity

\_\_\_ Trust Account Violations

\_\_\_ Other \_\_\_\_\_

**Persons with disabilities who need this document in an alternate format should contact Business Services at 602.468.1414, extension 160, or [IADA@re.state.az.us](mailto:IADA@re.state.az.us), to make their needs known.**

### GENERAL QUESTIONS

If you are currently represented by an attorney in this matter, what is the attorney's name? \_\_\_\_\_

Law firm: (Name, street, city, ZIP): \_\_\_\_\_

Have you filed a lawsuit related to this complaint? Yes ☐ No ☐ If yes, attach a copy of the lawsuit.

Has any lawsuit relating to this complaint been dismissed or adjudicated? Yes ☐ No ☐ If yes, attach a copy of all documents.

Do you have a valid judgment against the person named in this complaint? Yes ☐ No ☐ If yes, attach a copy of the judgment.

Have you participated in binding arbitration regarding this complaint? Yes ☐ No ☐ If yes, attach a copy of the findings.

### THIS COMPLAINT IS AGAINST THE FOLLOWING PERSON:

Please provide all requested information in the spaces provided. Please do not write "see attached."

☐ Mr. ☐ Ms. First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Designated Broker Name: \_\_\_\_\_

Address: (Street, city, state, ZIP) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Your Name: ☐ Mr. ☐ Ms. First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: (Street, city, state, ZIP) \_\_\_\_\_

Mailing Address: (Street, city, state, ZIP) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

### CERTIFICATION

Under penalty of perjury, I swear that this complaint, consisting of \_\_\_\_\_ pages, is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

### Americans with Disabilities Act

The Department of Real Estate complies with the Americans with Disabilities Act. Persons with disabilities may request reasonable accommodations such as interpreters, alternative formats or assistance with physical disability. Requests for accommodations must be made with 72 hours prior notice. If you require special accommodations, please contact the Department at 602.468.1414, extension 500.

Mail Completed Form & Attachments to: 2910 N. 44th Street, Suite 100  
Phoenix, AZ 85018